

PRE-APPLICATION CONFERENCE REQUEST

Liberty Lake Planning & Community Development 22710 E. Country Vista Blvd., Liberty Lake WA 99019 Phone: (509) 755-6707 Fax: (509) 755 6713 Website: www.libertylakewa.gov

PROJECT:

□ PLAT		SHORT PLAT		BINDING SITE PLAN	
□ COMMERCIAL PERMIT		VARIANCE		CHANGE OF CONDITIONS	
□ CONDITIONAL USE PERMIT		OTHER			
APPLICANT INFORMATION					
APPLICANT:					
Name:			E-mail:		
Mailing Address:					
City/State/Zip:			Fax Num	ber:	
Applicant Status: O	wner	Agent	Architect	Engineer Contractor	
PROJECT CONTACT: (if different from	om An	olicant)			
Name:		·	F-mail·		
Mailing Address: Phone: City/State/Zip: Fax Number:					
ARCHITECT:					
Name:					
Mailing Address:					
City/State/Zip:			Fax Num	ber:	
ENGINEER:					
Name:			E-mail:		
Mailing Address:			Phone:		
City/State/Zip:			Fax Num	ber:	
DDODEDTY OWNED: (ottook addition	nal inf	a aboute if there is	then one property s	un orl	
PROPERTY OWNER: (attach addition Name:					
Mailing Address:					
				ber:	

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PROJECT INFORMATION					
Project:					
Site Address / Location:					
Parcel Number(s) of Subject Property:					
Parcel Size(s):	Proposed Lot Coverage:				
Physical Description of Site (Topography, Features	, Etc.):				
Zoning Designation:	Land Use Designation:				
School District:	Fire District:				
Sewer Purveyor:					
Proposed Access:					
Environmental or Cultural Resources: YES If yes, which type?					
Within designated Shoreline Area: □ YES □	NO				
Additional Comments:					
PLEASE SUPPLY THE FOLLOWING WITH THIS 4 copies (11x17 or larger) of the prelimin 4 copies (11x17 or larger) of the prelimin 4 copies (11x17 or larger) of the prelimin 4 copies (11x17 or larger) of a color pers 4 copies (11x17 or larger) of the Site And Brochure for requirements) PDF of Drawings Listed Above on CD-R	REQUEST: (as applicable for project, consult P&CD for more info) arry site plan arry floor plans arry elevations with materials and colors labeled spective rendering of the front elevation alysis Map (see Commercial & Industrial Building Permits om or Emailed to atainio@libertylakewa.gov				
Complete and return this Pre-Application Conference Liberty Lake Planning & Community Development I					
	LY SCHEDULED TO BE HELD WITHIN THREE WEEKS OF ONTACTED TO SCHEDULE THE MEETING DATE & TIME.				
Applicant Signature:	Date:				
PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT USE					
Date Request Received: Design	n Review Subcommittee Scheduled:				
Pre-Application Conference Date & Time:					

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